

From
Karuna Counseling
1945 Mason Mill Road Suite 100
Decatur, GA 30033-4075

Statement for Insurance Reimbursement

To
Michael Slusher
528 River Chase Trl
Duluth, GA 30096

Client
Michael Slusher
DOB: 03/02/2001
(678) 906-9096
michaelmslusher@gmail.com

Statement
#2824
Issued: 05/03/2025

Provider
Lisa A. Smith
NPI: #1013236249
(404) 414-8353
lisa@karunacounseling.com
License: Ph. D. #PSY002232

Practice
Tax ID: 58-1232594
NPI: 1013236249

DX		Diagnosis Code	
1		F43.23	

Date	POS	Service	DX	Description	Units	Fee	Paid
04/01/2025	11	90834	1	Psychotherapy, 45 min	1	\$200	\$200
04/08/2025	11	90834	1	Psychotherapy, 45 min	1	\$200	\$0
04/14/2025	11	90834	1	Psychotherapy, 45 min	1	\$200	\$0
Total Fees							\$600.00
Total Paid							\$200.00

Make Payments to: Michael Slusher